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Bib Data Sheet

CONFIRMATION NO. 1061

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/086,009 | <b>FILING DATE</b><br>02/27/2002<br><b>RULE</b> | <b>CLASS</b><br>713 | <b>GROUP ART UNIT</b><br>2181 | <b>ATTORNEY DOCKET NO.</b><br>3COM-<br>3720 .BCG.US.P |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/277,593 03/20/2001  
AND CLAIMS BENEFIT OF 60/277,767 03/20/2001  
AND CLAIMS BENEFIT OF 60/277,451 03/20/2001  
AND CLAIMS BENEFIT OF 60/277,592 03/20/2001  
AND CLAIMS BENEFIT OF 60/285,419 04/20/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 03/22/2002**

|  |                               |                            |                           |                                |
|--|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>8 | <b>TOTAL CLAIMS</b><br>26 | <b>INDEPENDENT CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged  | Examiner's Signature          | Initials                   |                           |                                |

**ADDRESS**

WAGNER, MURABITO & HAO LLP  
Third Floor  
Two North Market Street  
San Jose ,CA 95113

**TITLE**

Secure network outlet for supporting IP device address assigning functionality

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>932 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                   |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                   |   | <input type="checkbox"/> Other _____                           |
|                                   |   | <input type="checkbox"/> Credit                                |